

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101581,354

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.		DEP.		IND.			IND.		DEP.		IND.		
	1	1	1	1	1	1		1	1	1	1	1	1	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		4					55							
6		4					56							
7		4					57							
8		4					58							
9		1					59							
10		1					60							
11		①					61							
12	①						62							
13		4					63							
14		4					64							
15		4					65							
16	①						66							
17	①						67							
18	4						68							
19		4					69							
20		4					70							
21	1						71							
22	①						72							
23	1						73							
24	1						74							
25	2						75							
26	1						76							
27		4					77							
28	①						78							
29		4					79							
30	①						80							
31		4					81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3	↓					TOTAL IND.		↓					
TOTAL DEP.	68	←					TOTAL DEP.		←					
TOTAL CLAIMS	71						TOTAL CLAIMS							